CLEAR

Equipment Breakdown Questionnaire – Consequential Damage – Life Sciences

Name of insured/applicant: _____

Policy/reference number: _____ Broker name/location: _____

1. Location address (if more than one location, attach separate questionnaire for each):

_____

2. What limit is required for Consequential Damage? _____

If the consequential limit required is greater than $1,000,000, the remainder of the information below will be collected by our Risk Control team, and they will contact the Insured to set-up an inspection*. Please provide contact details below.

3. Inspection Contact Details:

Name: _____ Phone Number: _____ Email: _____

4. What are the days/hours of operation: _____ days _____ hours

5. How often are the premises unattended? _____

6. Please provide the following information:

Product Type	Total Values	Consequential Damage Limit	
Products under refrigeration			☐ Consequential Damage coverage not required
Products in process			☐ Consequential Damage coverage not required
Live Animals**			☐ Consequential Damage coverage not required
Total Value	$ 0	$ 0	

**If Consequential Damage coverage is required for live animals, please complete the Research, Scientific & Production Animal Questionnaire in lieu of this application.

7. What product(s) are under refrigeration or in process? ☐ Blood Samples ☐ Cell Samples ☐ Other, Describe: _____

8. What is the incubation period, if any, of the product being stored? _____

9. How many refrigeration units are there? _____

   a. What is the approximate value of product within each unit? _____

   b. Is there capacity to move product to another unit if one fails? _____

10. What age are the refrigeration unit(s)? _____

11. What type of refrigerant is used? ☐ Freon, Type: _____ ☐ Ammonia ☐ Other, Describe: _____

12. If ammonia, please provide the following: ☐ Not applicable

    a. Does the insured have ammonia detection sensors? _____

    b. How often are the sensors calibrated? _____

    c. Are the sensors monitored at a central station? _____

    d. Does the facility have self-closing gas tight doors? _____

    e. Does the insured have contingency and mitigation plans in the event of an ammonia leak? Please describe.

_____

13. Are there high/low temperature alarms on all refrigeration units? Yes ☐ No ☐

14. How are the temperature alarms monitored? ☐ Locally ☐ Remotely. Describe. _____

15. What are the conditions in which product will spoil without power? Please provide details.

_____

16. How long will it take product to spoil? _____

17. Is there a formal maintenance program in place for all critical utilities, including refrigeration, HVAC, electrical, and generators? Yes ☐ No ☐

    a. If yes, describe

_____

18. How often is equipment inspected and serviced? _____

19. Is there a backup or standby electric power/generator? Yes ☐ No ☐

If yes: a. Is it locked in the standby position? Yes ☐ No ☐

b. Is it capable of running the entire operations? Yes ☐ No ☐

20. How often are the environmental/temperature sensors calibrated? _____

21. Is there a formal contingency plan in place? Yes ☐ No ☐

    a. If yes, describe.

_____

22. Describe below any Spoilage Damage losses in the past five (5) years, whether insured or not. ☐ No Losses

Date of Loss	Description	Status	Amount

Completed by: _____ Position: _____ Date completed: _____

*Inspections may be completed in the form of a phone survey or site visit as per Underwriting and Risk Control discretion.